

# SCHOOL BUS DRIVER DATA SHEET

DELETE  
1, 2, 3, 4, 5, 6 & 9

ADD  
1, 2, 3, 4, 5, 6, 7, & 10

CHANGE/UPDATE  
1, 2, 3, 4, 5, 6, 8 & 10

DISTRICT NAME: \_\_\_\_\_

DRIVER INSTRUCTOR SIGNATURE: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
LAST NAME	FIRST NAME	MI	SSN	LICENSE #	DOB M-D-YY	CERT DATE	ANNUAL UPDATE	TERM DATE	EXP DATE MM-YY

KDE: 2205-1061

FAX TO: (502) 564-7574 OR MAIL TO: PUPIL TRANSPORTATION, 15TH FLOOR-CPT, 500 MERO STREET, FRANKFORT

\*\*NOTE: LICENSE COPIES ARE NO LONGER NEEDED\*\*